



# Camp Geddie Health Form

## Camper Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

## Emergency Contact Information

1. Full Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

## Camper Health Information

- Has your camper been exposed to or suffered from any infectious diseases/conditions such as COVID-19, Head Lice, German Measles, Measles, Chicken Pox, Mumps, Scabies, Tuberculosis, Whooping Cough during the three weeks prior to the first day of camp?

**Yes or No** If yes, please call the Camp Director before coming to camp.

- Has your camper had a recent COVID test? **Yes or No**

If yes, please provide the date of testing and results: \_\_\_\_\_

- Has your camper had a COVID vaccine? **Yes or No**

If yes, please provide the date of the dose(s): \_\_\_\_\_

- Any known allergies and reaction (food, drugs, insect stings etc.): \_\_\_\_\_

\_\_\_\_\_

- To care for your child to the best of our ability, please describe any physical, emotional or behavioral problems: \_\_\_\_\_

\_\_\_\_\_

- **List of medications your camper is bringing to camp: All medication must be given to the Medical Counselor in the original package from the pharmacy on opening day!**

Medication	Dosage	Time of Day Given

**NOTE:** You and your doctor are responsible for the health of your camper; this form should clearly indicate their health status. The camp staff will do their utmost to contact the family if an emergency arises; however, the signature on this form signifies: (a) that permission is granted for camp staff to arrange for medical attention with a local doctor and for that doctor to provide any necessary treatment; (b) that having taken such precautions as in our discretion are deemed advisable, Camp Geddie shall not be held responsible for any accident or illness involving your child. (c) that you give permission for over the counter medications to be given, if deemed necessary by camp staff.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_